360

SECRETARY OF STATE

## State of South Dakota

RECEIVED

## Candidate's or Committee's Report of Receipts and Expendipages 2003

S.D. SEC. OF STATE

Candidates and candidate committees: File in the office where you filed your nominating petition.

PACs, political party, ballot question and other committees: File with Elections Department, Secretary of State's Office,
500 E Capitol Ave, Pierre, SD 57501-5070

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|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| See pages 9 & 10 of the Guideline Book for specific instructions on completing this report.                                                                                     |
| Name of Candidate or Committee South Dakola Neures association see                                                                                                              |
| Name of Person Making Report Judi Schwurin Phone 605-5384823                                                                                                                    |
| If you are a candidate, what office are you seeking                                                                                                                             |
| If you are a ballot question committee, indicate which measure(s) the committee was involved with during the reporting period and whether the measure was supported or opposed. |
| Type of Report (See pages 4 & 5 of Guideline Book)                                                                                                                              |
| For Reporting Period Ending (See pages 4 & 5 of Guideline Book)                                                                                                                 |
| The following verification must be completed before submitting report.                                                                                                          |
| VERIFICATION OF PERSON MAKING REPORT                                                                                                                                            |
| I Judi Schwerin (print name legibly), certify                                                                                                                                   |
| that I have examined this report and to the best of my knowledge and                                                                                                            |
| belief it is true, correct and complete.                                                                                                                                        |
| Date: 2/1/03 Qual Schwirip  Candidate Signature or Signature of Committee Treasurer or Chairperson  Revised July 2001                                                           |
| 104h                                                                                                                                                                            |

| Name of Candidate or Committee South Delata News association PAC  For the reporting period ending 14/31/02 |  |  |  |  |
|------------------------------------------------------------------------------------------------------------|--|--|--|--|
| Schedule A - Direct Contributions                                                                          |  |  |  |  |
| The state of the second of all contributors. You must keep a record of all contributors.                   |  |  |  |  |

This schedule is used for reporting all direct contributions. You must keep a record of all contributors, but for this report you may combine all contributions of \$100 or less from individuals and the same from political parties and enter these sums as unitemized contributions on their respective lines below and on the next page. Any contribution of more than \$100 or aggregate during a calendar year from an individual or political party and all contributions from PAC's must be entered as a separate item (itemized) giving the amount, name, address and place of employment (if applicable) of the contributor. Each type of contributor has their own section for itemization. This schedule may be duplicated if you need more space, or you may attach additional sheets of paper.

| emized Contrib | utions from Individuals:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                    | *\$ 360  |
|----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|----------|
| ized Contribut | ions from Individuals                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Place of Employment                | ı        |
| Name           | Residence Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | (Name of Employer)                 |          |
| Jacobson       | 1821 Kennedy Drive<br>Riene & D 57501                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Sauth Dunsta<br>Nurses association | \$ 100   |
|                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                    | \$       |
|                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                    | \$       |
|                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                    | \$       |
|                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                    | \$       |
|                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                    | \$<br>\$ |
|                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                    | \$       |
|                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                    | \$       |
|                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                    | \$       |
|                | , and the second |                                    | \$       |
|                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                    | \$       |
|                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                    | \$       |
|                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                    | \$       |
|                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                    | \$       |
|                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                    | \$       |
|                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                    | \$       |
|                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                    | \$       |

| Schedule A - Dire                                                       | ect Contributions (continued |                      |
|-------------------------------------------------------------------------|------------------------------|----------------------|
| nitemized Contributions from Po                                         | litical Parties:             | *\$                  |
| temized Contributions from Poli                                         | tical Parties                |                      |
| Party Name                                                              | Address                      |                      |
|                                                                         |                              | \$                   |
|                                                                         |                              | \$                   |
| otal of Itemized Contributions                                          | from Political Parties:      |                      |
| emized Contributions from Poli<br>(All contributions from P<br>PAC Name | Address                      |                      |
|                                                                         | -                            | \$                   |
|                                                                         |                              | \$                   |
| 0                                                                       |                              | \$                   |
|                                                                         |                              | \$                   |
|                                                                         |                              | \$                   |
|                                                                         |                              | \$                   |
|                                                                         |                              | -   °                |
|                                                                         |                              | s                    |
|                                                                         |                              | s                    |
|                                                                         |                              |                      |
|                                                                         |                              | \$                   |
|                                                                         |                              |                      |
|                                                                         |                              | \$                   |
|                                                                         |                              | \$\$<br>\$\$<br>\$\$ |
|                                                                         |                              | \$\$                 |

| Name of Candidate or Committee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | uth Dahate Nurses association                         |        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|--------|
| Name of Candidate or Committee San                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 1/02                                                  |        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Raising Events Proceeds                               |        |
| List on this schedule fund-raising events held to rais                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | e money for the candidate and the net proceeds        |        |
| Type of Event                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Net Proceeds                                          |        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                       |        |
| 181 19                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                       |        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Total: \$                                             |        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | # 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2               |        |
| Schedule C - I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | n Kind Contributions                                  |        |
| Report all non-cash contributions of goods or service exceeds \$100, the name of the contributor, residence                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ces and the estimated fair market value. If the value |        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ce address and place of employment must be reported.  |        |
| Nature of Non-Cash Contribution                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Estimated Value Name of Contrib                       | utor   |
| the company of the co |                                                       | utor   |
| the company of the co |                                                       | utor   |
| the company of the co |                                                       | utor   |
| the company of the co | Estimated Value Name of Contrib                       | utor   |
| Nature of Non-Cash Contribution                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Estimated Value Name of Contrib                       | utor   |
| Nature of Non-Cash Contribution                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Estimated Value Name of Contrib                       | utor   |
| Nature of Non-Cash Contribution  Schedule                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Estimated Value Name of Contrib                       | . 1) 1 |
| Nature of Non-Cash Contribution  Schedule                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Total: \$ O                                           | . 1) 1 |
| Nature of Non-Cash Contribution  Schedule I  Use this schedule to report any refunds, interest ear                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Total: \$                                             | . 1) 1 |

Total: \$ 0 .45

| Name | of   | Candidate        | or    | Committee                                       |                      |
|------|------|------------------|-------|-------------------------------------------------|----------------------|
| For  | the  | reporting        | per   | iod ending                                      |                      |
|      |      |                  |       | Schedule E - Expenditures                       |                      |
| This | ched | ule is to report | all e | xpenditures relating to a candidate's campaign. | Line items have been |

This schedule is to report all expenditures relating to a candidate's campaign. Line items have been provided for reporting common expenses. All other expenses should be listed. All contributions to candidates and committees must be listed individually.

| Item         | Amount   | Contributions Made to Candidates and Committees: |
|--------------|----------|--------------------------------------------------|
| Advertising  |          | Jean Lunhaft # 300<br>Kathy Milw # 200           |
| Consulting   |          | Kathy Milw 200                                   |
| Postage      |          | Law Sebert #50                                   |
| Printing     |          | Pat Hilpert 90                                   |
| Rent         |          | Donald Van Etter \$35                            |
| Salaries     |          | Larry Front \$85                                 |
| Telephone    |          | Mel Olson #d5                                    |
| Travel       |          | abullio Heineman # 35                            |
| Utilities    | <u> </u> | ann Thompson \$35                                |
| Other Expens | es:      | \$675                                            |

| Name | of   | Candidate  | or       | Committee | South Dakota | nures | association |
|------|------|------------|----------|-----------|--------------|-------|-------------|
|      |      |            |          |           | 12/3/02      |       |             |
| FOI  | C110 | ropor cris | <b>P</b> |           |              |       |             |

Schedule F - Debts and Obligations

This schedule is to report all of the candidate's campaign obligations which are unpaid at the end of the reporting period. If a service has been contracted but not billed, estimate the amount of the obligation.

Owed To

Purpose

Amount

2

|               | of Candidate or Committee South -                                                                                 | Daleta Niver ass                            | sciation         |
|---------------|-------------------------------------------------------------------------------------------------------------------|---------------------------------------------|------------------|
| Name          | of Candidate of Committee 12balan                                                                                 | · · · · · · · · · · · · · · · · · · ·       |                  |
| For           | the reporting period ending 13/5//02                                                                              |                                             |                  |
|               | Summary                                                                                                           | Page                                        |                  |
| This<br>Pleas | summary sheet will give a brief outline of all campaig<br>e transfer all totals from the schedules previously con | on finance activity during this reappleted. | eporting period. |
| 1.            | Amount on hand, if any, at beginning                                                                              | of reporting period                         | \$ 403.32        |
| 2.            | Receipts                                                                                                          |                                             |                  |
|               | Schedule A - Direct Contributions                                                                                 | s_460                                       |                  |
|               | Schedule B - Fund-Raising Events                                                                                  | <u>\$</u>                                   |                  |
|               | Schedule C - In Kind Contributions                                                                                | \$                                          |                  |
|               | Schedule D - Other Income                                                                                         | s_0.45                                      |                  |
|               | Total of all receipts                                                                                             | \$ <u> </u>                                 |                  |
| з.            | Total Monetary Receipts (A+B+D)                                                                                   |                                             | \$ 460.45        |
| 4.            | Candidate's Personal Contribution to                                                                              | Own Campaign                                | \$ <u> </u>      |
| 5.            | Monetary Loans to Candidate or Commi                                                                              | ttee During                                 | \$ <u></u>       |
| 6.            | Monetary Loans Repaid During Reporti                                                                              | ng Period                                   | \$               |
| 7.            | Expenditures - Schedule E                                                                                         |                                             | \$ 675           |
| 8.            | Unpaid Obligations - Schedule F                                                                                   | \$ <u> </u>                                 |                  |

Amount on hand at the close of this reporting period. This should equal lines (1+3+4+5)-(6+7)

\$ 388.11

9.